

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7	1					
8						
9						
10						
11						
12	1					
13						
14						
15						
16						
17	1					
18						
19						
20						
21	1					
22						
23						
24						
25	1					
26	1					
27	1					
28	1	1				
29						
30	1					
31	1					
32	1					
33						
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35						
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42						
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46						
47						
48						
49						
50						
TOTAL IND.	11		↓		↓	↓
TOTAL DEP.	21		↔	↔	↔	↔
TOTAL CLAIMS	32					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.			↔	↔	↔	↔
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS